

# California Fuel Cell Partnership Vehicle Demonstration Project

## Fleet Questionnaire

**NOTE:** The purpose of this PDF is provide a “sneak preview” of the electronic questionnaire fleets must fill out to be considered for participation in the California Fuel Cell Partnership (CaFCP) Vehicle Demonstration Project. This PDF is to be used only as an example. Interested fleets must fill out the [electronic questionnaire](#).

### Contact Information

1. Name of contact person \_\_\_\_\_
2. Name of fleet/company \_\_\_\_\_
3. Type of organization (choose one)
  - a. Small business
  - b. Corporation
  - c. Federal government
  - d. School
  - e. State government
  - f. Municipal government
  - g. Other (specify) \_\_\_\_\_
4. Address \_\_\_\_\_
5. City \_\_\_\_\_
6. State \_\_\_\_\_
7. Zip code \_\_\_\_\_
8. Phone \_\_\_\_\_
9. Fax \_\_\_\_\_
10. E-mail address \_\_\_\_\_

### Experience with Alternative Fuels:

1. Do you have experience with alternative fuel vehicles (AFVs)?      Yes      No
2. If so, which fuels? (Select all that apply.)
  - a. CNG
  - b. LNG
  - c. LPG
  - d. EVs
  - e. E85
  - f. M85
  - g. M100
  - h. Compressed hydrogen
  - i. Liquid hydrogen
  - j. Biodiesel
  - k. Other
3. How many years have you been operating AFVs? \_\_\_\_\_
4. Do you have fueling infrastructure on-site?      Yes      No
5. If yes, which fuels? (Select all that apply.)
  - a. CNG
  - b. LNG
  - c. Electric charging
  - d. E85
  - e. M85

- f. M100
- g. LPG
- h. Liquid hydrogen
- i. Compressed hydrogen

6. Briefly describe your overall experience with AFVs.

7. Does your AFV program have direct management over vehicle assignments and operation?

Yes      No

8. Have you ever participated in a vehicle evaluation in which you were required to collect operational and maintenance data?    Yes    No

9. If so, briefly describe the project.

10. What was your overall feeling about this project?

**Vehicle Specifics:**

11. Current number of AFVs \_\_\_\_\_

12. Current number of conventional vehicles. \_\_\_\_\_

13. Vehicle types (select all that apply)

- a. Sedan
- b. Small pickup
- c. Minivan
- d. Full-size Van
- e. Full-size Pickup
- f. Small SUV
- g. Full-size SUV
- h. Small sedan

14. Typical Service/Use

- a. Delivery
- b. Passenger transport
- c. Other

15. If other, please describe \_\_\_\_\_

16. Average mileage per day \_\_\_\_\_

17. Are there any specific requirements you have for fleet vehicles (range, cargo space and load, power, speed, handicap accessibility, etc.)?

18. Of your total number of vehicles, how many are required to be active each day? \_\_\_\_\_

**Facilities**

19. Do you have an on-site maintenance facility?    Yes    No
20. Approximate square footage of maintenance area \_\_\_\_\_
21. Briefly describe where your vehicles are typically stored (outside, inside, on-site, off-site)?
22. Approximately how many non-operating vehicles or vehicles needing repair could be stored on-site?
23. Would you be able/willing to provide a hydrogen fueling facility on-site?    Yes    No
24. Do you have hydrogen safety concerns?            Yes    No
25. If yes, please explain.

**Available Resources**

26. What funding do you have available for *FCV purchase/lease* (please describe source and approximate amount)?
27. What funding do you have available for *fueling infrastructure* (please describe source and approximate amount)?
28. What funding do you have available for *fuel purchases* (please describe source and approximate amount)?
29. What funding do you have available for *facility upgrades* (please describe source and approximate amount)?
30. What other resources are you willing to dedicate to this project (such as outreach/PR, training, etc.)?

**Plans for Fuel Cell Vehicles (FCVs)**

31. Why does your organization want a FCV?
32. How many FCVs could your organization use?
33. For what purpose(s) would they be used?
34. Where would these vehicles be stationed (city and zip code)?

35. What is the general route description that these vehicles would follow (select all that apply)?

- a. Work to home
- b. City driving
- c. Highway driving
- d. Delivery
- e. Company site only
- f. Carpooling
- g. Other

36. If other, please explain.

37. What would the mileage accumulation be per month for each vehicle?

38. What would the mileage accumulation be per year for each vehicle?

39. Would you be willing to agree to minimum/maximum mileage requirements? Yes No

40. Would you be willing to agree to training requirements and/or driving restrictions for the drivers of the FCVs? Yes No

41. Are you involved in your local Clean Cities organization? Yes No

42. Is your fleet subject to air quality regulations or rules? Yes No

Thank you for completing this questionnaire. The information you provided will be used to select the best fleets for early demonstrations of fuel cell vehicles.